

Request for Information from Previous Employer

I hereby authorize you to release the following information to R & B Staffing Plus Inc. for the sole purpose of obtaining reference information in regards to current and/or previous employment.

Applicant's Name: _____

Driver's License Number: _____

Previous Company Name: _____ **Phone number:** _____

Name of Supervisor/Employer: _____

Applicant's Signature: _____ **Date:** _____

Reference Check

We appreciate your time in completing, in confidence, the information below.

_____, driver's license number _____,
has completed an application to this company for a position as a _____
and states that he/she was employed by you as a _____.

Please reply to this inquiry below in regards to this applicant. Your reply will be held in strictest confidence and will in no way involve you in any responsibility.

Kind regards,

R & B Staffing Plus Inc.

PRE-EMPLOYMENT REFERENCE CHECK FORM

Applicant Name: _____ **Date of Reference Check:** _____

Relationship to Applicant: Supervisor Other (Specify) _____

Please fax the documents back to:

1-866-786-0704

Attn: Jane

Dates of Employment: From _____ To _____

Salary: _____ Position(s) Held: _____

1. What was the nature of the applicant's job?
2. Was the driver off for any length of time with an illness or injury?
3. Was this applicant involved in any preventable or non-preventable vehicle accidents?
____ Yes ____ No

If so, did they involve:

- (a) Injuries ____ Yes ____ No
- (b) Fatalities ____ Yes ____ No
- (c) Any hazardous material spilled? ____ Yes ____ No

4. Reason for leaving company: Discharged Resignation Lay Off

5. Please rank the candidate based on the following areas:

Attendance

Poor Fair Good Very Good Excellent N/A

Dependability

Poor Fair Good Very Good Excellent N/A

Willingness to assume responsibility

Poor Fair Good Very Good Excellent N/A

Ability to follow instructions

Poor Fair Good Very Good Excellent N/A

Quality of work

Poor Fair Good Very Good Excellent N/A

Name of Person Supplying Information: _____

Date: _____

Signature: _____

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